

STUDENT BENEFICIARY CHANGE

- The Account Owner should complete this form to change the Student Beneficiary for the existing account.
- IRS Code Section 529 provides that the Student Beneficiary may only be changed once during a 12-month period.
- Complete all sections of this form and include signature or processing will be delayed.

Current Account Information

GET Account Number _____

Account Owner _____

Current Student Beneficiary Name _____ SSN or TIN _____

Name _____ SSN or TIN _____

Reason for Change Request

New Student Beneficiary Information

Name (*First, Middle, Last, Suffix*) _____

SSN or TIN _____

Birth Date _____

Benefit Use Year _____

Street Address/Apartment Number _____

Post Office Box Number _____

City / State / Zip Code _____

Email Address _____

Telephone Number (s) _____

Signature - REQUIRED

New Student Beneficiary's Family Relationship to Current Student Beneficiary

The new Student Beneficiary must be a family member of the previously designated Student Beneficiary. (Parent, grandparent, sibling, half-sibling, stepchild, niece/nephew, first cousin, etc.)

I certify under the penalty of perjury that all the foregoing information is true and correct.

Account Owner's Signature _____ (Notary must witness signature) _____ Date _____

Notary Section

State of _____

County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____ Signature _____

(Seal or Stamp) _____ Title _____

My appointment expires _____

Submit to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450

Questions: 1-800-955-2318 or GETInfo@hecb.wa.gov

